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SOS
810 N. Silver St
Silver City, NM 88061

575-956-6131
575-956-6947

Attson, Stephanie

ID: 151 DOB: 8/18/1987
Case Management Note (SOS)

Use Note Creation Time

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Set Date/Time

7/29/2023

6:01 PM

Presenting Problem:
She continues to experience symptoms of anxiety.
Stephanie continues to experience depression.
Symptoms of mood swings continue to be described.

Recent History:
Alcohol and substance abuse,
impairment in the functional domains of independent living, working, and learning.
Client has an injured leg due to being attacked by several people prior to staying at the shelter.

Social Support Changes:
Stephanie's family or social support network has occurred no changes.

Intervention:
Client was assisted with hygienic necessities so that she may shower and maintain proper self care.

Assessment:
Stephanie appears friendly, communicative, She exhibits speech that is normal in rate, volume, and articulation and is coherent and spontaneous. Language skills are intact. There are signs of anxiety. There are no signs of hyperactive or attentional difficulties. Stephanie's behavior in the session was cooperative and attentive with no gross behavioral abnormalities.

Plan:
Continue accommodating client to the best of shelter abilities and prompt client to participate in programming plans.

History of Risk Factors:
*History of Abuse:
*History of Alcohol or Substance Abuse

Current Risk Factors:
*Absent or Weak Support System:
*Experiencing Severe Anxiety or Panic
*Serious Current Medical Problems

Suicide Risk Assessment:
Stephanie denies suicidal ideas or intentions.

Suicide Risk:
Based on the absence of risk factors, Stephanie's current risk of suicide is considered

Service Location
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Audit Log

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7/30/23, 6:50 PM